

FRIENDS MEMBERSHIP APPLICATION

Date _____

Name _____ Email _____

Address _____ City _____ State _____ Zip _____

Phone (Home) _____ (Cell) _____

MEMBERSHIP LEVELS _____ \$100 or more (Lifetime) _____ \$15 or more (Family)
 _____ \$ 25 or more (Patron) _____ \$10 or more (Individual)

I wish to volunteer Yes _____ No _____

Bookstore (209) 333-5537

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